HEALTH & WELFARE BENEFIT PLAN
OPEN ENROLLMENT

Open Enrollment
October 23, 2017 through November 3, 2017

Effective January 1, 2018
OPEN ENROLLMENT

- Opportunity for eligible staff to enroll or waive coverage
- Make benefit plan selections
- Add or drop eligible dependents
- Enroll in the Flexible Spending Accounts
- Increase and/or enroll in life insurance coverage

- All changes are effective **January 1, 2018**

PLEASE NOTE: The information contained in this presentation is only a summary. For detailed, comprehensive benefit information, please refer to your carrier plan documents.
OPEN ENROLLMENT

• Starting October 23rd and through November 3rd

• Review your elections and make changes or enroll using the Online Open Enrollment System

• [https://eo.scripps.edu](https://eo.scripps.edu)

• Use your Employee Online password

• If you do not remember your password or have never logged-on to Employee Online, follow the instructions on the Open Enrollment system log-in page
## OPEN ENROLLMENT TIMELINE

<table>
<thead>
<tr>
<th>Dates</th>
<th>Action</th>
</tr>
</thead>
</table>
| Monday October 23 – Friday, November 3 | Open Enrollment Period  
• Review 2018 Benefits Guide  
• Attend informational meeting  
• Review/make changes/enroll in benefits using the online Open Enrollment system at:  
[https://eo.scripps.edu](https://eo.scripps.edu) |
| Tuesday, October 24           | Open Enrollment Meeting  
Keck Amphitheater, 2:30 – 3:30 pm                                                                                                       |
| Wednesday, October 25         | Benefits Fair  
Immunology Galleria / Breezeway, 10 am – 1 pm                                                                                       |
| Friday, October 27            | Open Enrollment Meeting  
HR Training Room, 3050 Science Park, 2nd Floor, 10:00 – 11:00 am                                                                        |
| Monday, October 30            | Open Enrollment Meeting  
MB Committee Lecture Hall, 2:30 – 3:30 pm                                                                                           |
| Wednesday, November 1         | Open Enrollment Meeting  
HR Training Room, 3050 Science Park, 2nd Floor, 1 pm – 2 pm                                                                        |
| Friday, November 3 at 5 pm PST | Open Enrollment system closes                                                                                                            |
| January 1, 2018               | Benefits become effective                                                                                                               |
| January 5, 2018               | Any changes to payroll deductions will be seen in paycheck                                                                               |
MID-YEAR CHANGES

Be sure about your selections……..

• Elections made during annual enrollment will remain in force from January 1, 2018 through December 31, 2018, unless you experience an IRS Qualified Family Status Change.

• Examples of a Qualified Family Status Change:
  ▫ Marriage/Divorce
  ▫ Birth/Adoption
  ▫ Gain/Loss of dependent eligibility
  ▫ Death of a dependent
  ▫ Gain/Loss of benefits due to a spouse changing jobs
  ▫ Dependents entering or leaving the country

• Changes must be initiated by you and made within 31 days after the event. You will be required to provide documentation of your change in status.
ELIGIBILITY - CALENDAR YEAR 2018

• Staff who are regularly scheduled to work at least 20 hours per week

• Eligible Dependents
  ▫ Legal Spouse
  ▫ California Registered Domestic Partner*
  ▫ Children (includes biological, step, court placed foster, and adopted)

  ▫ **Medical/Vision:** Children to age 26 (through age 25) regardless of:
    • Student status
    • Marital status
    • Residence
    • IRS tax status, or whether financially dependent
    • Employment status

  ▫ **Dental:** Up to age 19; up to age 25 if full-time student

*Domestic partners are not eligible for flexible spending account plans under current IRS regulation.*
## A Peek at Your Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Options</th>
</tr>
</thead>
</table>
| **Medical**                           | • **Anthem Blue Cross Select HMO Plan** – NEW PLAN  
  • Aetna – Comprehensive Choice POS II Plan  
  • Aetna – HDHP Aetna Choice POS II HSA  
  • Contribute towards HSA through payroll deductions by enrolling in an HSA through PayFlex  
  • Aetna – Graduate Student Choice POS II |
| **Dental**                            | • Delta Dental PPO                                                                                                                      |
| **Vision**                            | • Medical Eye Services (MES) Optical Plan                                                                                               |
| **EAP**                               | • TSRI counseling assistance for personal challenges                                                                                   |
| **Flexible Spending Accounts**        | • Administered through TRI-AD  
  • Contribute on pre-tax basis for out of pocket health care and/or dependent care expenses                                           |
| **Company Paid Life/AD&D**            | Choice of:  
  • Flat $50,000 benefit amount –OR–  
  • 2 times annual salary                                                                                                                                                  |
| **Voluntary Life/AD&D**               | • Additional life insurance on a payroll deduction basis                                                                                 |
| **Long Term Disability**              | • Income protection for disabilities lasting longer than 90 days                                                                        |
| **Voluntary Long Term Care Insurance**| • UNUM – Nursing care for long term illness/disability                                                                                  |
BENEFIT CHANGES FOR 2018

TSRI has chosen to implement a few benefit changes:

• The Aetna HMO Deductible will transition to Anthem Blue Cross Select HMO. Current HMO members will be required to re-elect your PCP via the Open Enrollment system.

• The Anthem Blue Cross Select HMO plan will see slightly higher employee premiums.

• The Comprehensive Choice POS II plan deductible and out-of-pocket maximums will increase. The employee premium will remain the same.

• TSRI will introduce an employer contribution towards the Health Savings Account ($1,000 for Employee Only and $3,000 for Employee & Dependent(s)) for participants who enroll in the HDHP PPO Plan. Individuals ineligible for the HSA will be enrolled in a Health Reimbursement Arrangement (HRA) to receive employer contribution.

• TSRI will also introduce a concierge service for HDHP participants through Compass Pro Health at no cost.

Preventive Care will still be covered at 100% on the HMO plan and when using In-Network providers on the PPO plans.
ANTHEM BLUE CROSS SELECT HMO

HMO participants must choose a Primary Care Physician (PCP)

- Your PCP will direct the majority of your health care needs
- With the exception of an OB/GYN, mental health, or chiropractic specialist, your PCP must refer you to specialists
- Each family member may select their own PCP within the network
- To change your PCP, contact Anthem
  - PCP changes made after the 15th of the month are effective the 1st of the following month
- The HMO plan has a $100 (Individual) / $200 (Family) Annual Deductible.
  - Applies only to services provided in a hospital setting, outpatient surgery, emergency room, ambulance, skilled nursing home, hospice, and DME
- The plan pays 90% after deductible for:
  - Inpatient and outpatient hospital services
  - Cap on out of pocket costs of $2,500 per person per year (2x Family)
- Preventive Care is covered at 100%
How to search for an Anthem PCP provider:

- Go to [http://www.anthem.com/ca](http://www.anthem.com/ca)
- Click the "Menu" icon on the upper left corner.
- Under **USEFUL TOOLS** on the right, click on **FIND A DOCTOR**
- Under **SEARCH AS A GUEST**, click **Continue**
- Under **HOW DO YOU GET INSURANCE**, click **Through my Employer**
- Select **California** under **WHAT STATE DO YOU WANT TO SEARCH IN**
- Under **WHAT TYPE OF CARE ARE YOU SEARCHING FOR**, click **Medical**, then select **Select HMO**
- Click **CONTINUE**
- Search by provider name, specialty, location, or medical group. Click **SEARCH**.
  - Under **Who Is (Optional)**, make sure that you click on **Able to Serve as a Primary Care Physician (PCP)** if searching for a PCP.

**Primary Medical Group / Primary Care Physician code is located under PCP ID/ENROLLMENT ID (PAPER/ONLINE). Code is either a 3 or 6 digit code.**
<table>
<thead>
<tr>
<th><strong>Anthem Select HMO Plan</strong></th>
<th><strong>2017 Aetna HMO Deductible Plan</strong></th>
<th><strong>Effective January 1, 2018 Anthem Select HMO Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible (Applies to all hospital, Surgery, ER, ambulance. Does not apply to office visits, lab/X-Ray)</strong></td>
<td>$100 per person $200 per family</td>
<td>$100 per person $200 per family</td>
</tr>
<tr>
<td><strong>Out-Of-Pocket Maximum (per calendar year)</strong></td>
<td>$2,500 per person $5,000 per family Rx expenses apply towards OOP Max</td>
<td>$2,500 per person $5,000 per family Rx expenses apply towards OOP Max</td>
</tr>
<tr>
<td>PCP Office Visit</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
</tr>
<tr>
<td>Lab / X-rays</td>
<td>100% Lab / $40 Copay X-Ray $150 Copay Complex X-Ray</td>
<td>100% Lab / $40 Copay X-ray $150 Copay Complex X-ray</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Hospital – 90% after deductible Freestanding - $250 Copay after deductible</td>
<td>Hospital - 90% after deductible Freestanding - $250 Copay after deductible</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>90% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital / SNF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Maternity</td>
<td></td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Physician Maternity Services - $30 Copay Facility Services – 90% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 Copay after deductible</td>
<td>$100 Copay after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100 Copay after deductible</td>
<td>$100 Copay after deductible</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
</tr>
<tr>
<td><strong>Prescription Drugs through Anthem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx Deductible (Applies to Brand-Formulary and Non-Formulary Drugs)</td>
<td>$100 per person $200 per family</td>
<td>$100 per person $200 per family</td>
</tr>
<tr>
<td>Retail (30 days)</td>
<td>$10/ $35/ $60</td>
<td>$10/ $35/ $60</td>
</tr>
<tr>
<td>Mail Order (90 days)</td>
<td>$20/ $70/ $120</td>
<td>$20/ $70/ $120</td>
</tr>
</tbody>
</table>
REGISTER AT [WWW.ANTHEM.COM/CA](http://www.anthem.com/ca) or DOWNLOAD MOBILE APP

- “Go Green” for 24/7 convenience with less paper
- Access your plan and benefit information
- Find a doctor or hospital specific to your plan
- Check on claims and payments
- Refill a prescription
- Tap to call Customer Service
- Download a temporary ID card
ANTHEM: LiveHealth Online

A new service that lets you see a doctor without appointments, waiting rooms or high costs.

- Web or mobile based communication tool intended to facilitate health care services rendered by physicians to you, the consumer
- All night, all day, 365 days a year
- Online visits with a doctor for colds, flu, allergies, infections and so much more
- Two-way video and secure instant messaging
- Should not be used for emergency care

Get started at livehealthonline.com!
COMPREHENSIVE CHOICE POS II PLAN

Freedom of choice and no referrals required

• You obtain a higher level of benefit by receiving your services from participating or in-network doctors, specialists and facilities

• Before the insurance company pays certain medical expenses, you are required to pay the deductible

• Once the deductible has been met, Aetna will pay a percentage of the cost of your care (coinsurance)

• You are responsible for the remaining cost up to the out-of-pocket maximum

• Claim forms are submitted to Aetna on your behalf when services are received from within the network

• Comprehensive Choice POS II Plan:
  • Go to www.aetna.com/docfind and search for a physician by name, provider type, specialty, or location. Once you have made your selections, click on Search.

  • This will prompt you to select a plan. Under “Aetna Open Access Plans,” select Aetna Choice POS II (Open Access). Click on Continue.
## COMPREHENSIVE CHOICE POS II PLAN

### 2017

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$750 / person</td>
<td>$1,500 / person</td>
</tr>
<tr>
<td></td>
<td>$2,250 / family</td>
<td>$4,500 / family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 / person</td>
<td>$4,000 / person</td>
</tr>
<tr>
<td>(per calendar year)</td>
<td>$4,000 / family</td>
<td>$8,000 / family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Well Baby Care</strong></td>
<td>100% (deductible waived)</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% (deductible waived)</td>
</tr>
<tr>
<td><strong>Routine Adult Annual Exam</strong></td>
<td>100% (deductible waived)</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% (deductible waived)</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80% ($200 add’l Copay for non-certification)</td>
<td>80% ($200 add’l Copay for non-certification)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>80% ($200 add’l Copay for non-certification)</td>
<td>80% ($200 add’l Copay for non-certification)</td>
</tr>
</tbody>
</table>

- **Rx Deductible (Applies to Brand Name Drugs)**: $100 / person, $200 / family
- **Rx Out-of-Pocket Maximum**: $2,000 / person, $4,000 / family
- **Retail (30-days)**: $10/ $35/ $60
- **Mail Order through the OptumRx Mail Order Pharmacy (90 days)**: $20/ $70/ $120

### Effective January 1, 2018

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$900 / person</td>
<td>$1,800 / person</td>
</tr>
<tr>
<td></td>
<td>$2,700 / family</td>
<td>$5,400 / family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,250 / person</td>
<td>$4,500 / person</td>
</tr>
<tr>
<td>(per calendar year)</td>
<td>$4,500 / family</td>
<td>$9,000 / family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Well Baby Care</strong></td>
<td>100% (deductible waived)</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% (deductible waived)</td>
</tr>
<tr>
<td><strong>Routine Adult Annual Exam</strong></td>
<td>100% (deductible waived)</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100% (deductible waived)</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80% ($200 add’l Copay for non-certification)</td>
<td>80% ($200 add’l Copay for non-certification)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>80% ($200 add’l Copay for non-certification)</td>
<td>80% ($200 add’l Copay for non-certification)</td>
</tr>
</tbody>
</table>

- **Rx Deductible (Applies to Brand Name Drugs)**: $100 / person, $200 / family
- **Rx Out-of-Pocket Maximum**: $2,000 / person, $4,000 / family
- **Retail (30-days)**: $10/ $35/ $60
- **Mail Order through the OptumRx Mail Order Pharmacy (90 days)**: $20/ $70/ $120

### Prescription Drugs through OptumRx

- **Rx Deductible (Applies to Brand Name Drugs)**: $100 / person, $200 / family
- **Rx Out-of-Pocket Maximum**: $2,000 / person, $4,000 / family
- **Retail (30-days)**: $10/ $35/ $60
- **Mail Order through the OptumRx Mail Order Pharmacy (90 days)**: $20/ $70/ $120
HDHP AETNA CHOICE POS II PLAN

• You are financially responsible for all eligible expenses, such as doctor’s visits, non-preventive prescription drugs and lab charges, until the deductible has been met.

• **If you are enrolled under Employee + 1 or more Dependents, the Family Deductible must be met before the coinsurance applies.**

• Similar to a traditional PPO plan, you may use the provider of your choice, but the plan will pay more if you utilize in-network physicians or facilities.

• In-network preventive care is covered at 100%.

• Once the deductible is met, the plan pays a large percentage of eligible expenses until the out-of-pocket maximum is reached.

• After reaching the out-of-pocket maximum, covered expenses are paid at 100% for the remainder of the plan / calendar year.

• This medical plan can be paired with a Health Savings Account (HSA) to help pay for qualified health care expenses.

• Contribute towards your HSA through convenient payroll deductions by enrolling in an HSA through PayFlex.

• **If you enroll in a Health Savings Account (HSA), you cannot participate / have money in the regular Health Care Flexible Spending Account (FSA).**
<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$2,000 Employee Only</td>
<td>$6,000 EE + Dependent(s)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (per calendar year)</strong></td>
<td>$4,500 Employee Only</td>
<td>$6,750 Employee Only</td>
</tr>
<tr>
<td></td>
<td>$6,750 EE + Dependent(s)</td>
<td>$10,125 EE + Dependent(s)</td>
</tr>
<tr>
<td>Deductible &amp; Rx expenses apply towards OOP Max. Family OOP applies to all members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100% deductible waived</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td><strong>Lab / X-Rays</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80%</td>
<td>60% ($200 add’l Copay for non-certification)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>80%</td>
<td>60% ($200 add’l Copay for non-certification)</td>
</tr>
<tr>
<td></td>
<td>90 days per calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>80% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy Administrator</strong></td>
<td>OptumRx</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Medications Retail</strong></td>
<td>$10/ $35/ $60 Copays, then 100%</td>
<td>Not subject to deductible</td>
</tr>
<tr>
<td>(30 day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All Other Retail</strong></td>
<td>$10/ $35/ $60 Copays after deductible</td>
<td>Subject to deductible</td>
</tr>
</tbody>
</table>
COMPASS PRO HEALTH SERVICES

COMPASS PHS IS A PATIENT ADVOCACY FIRM PROVIDING PERSONAL CONCIERGE AVAILABLE TO AETNA HDHP PLAN MEMBERS AT NO COST. SERVICES INCLUDE:

- Unlimited access to a health care expert
- Researching generic or clinical alternative prescription options
- Unbiased doctor recommendations based on quality and cost
- Coordinating care, scheduling doctor appointments
- Coordinating transfer of medical records
- Reviewing bills and charges
- Resolving billing issues with Aetna, hospitals, and provider billing offices
- Explanation of insurance processes and TSRI benefit plans
- Comparing service costs, cost estimates

YOU CAN GET IN TOUCH WITH TSRI’S HEALTH PRO VIA:

- Phone: 800.513.1667
- Email: answers@compassphs.com
- Website: www.compassphs.com
WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP) + HEALTH SAVINGS ACCOUNT (HSA) OPTION?

YOU OWN YOUR HSA

Your money rolls over year after year

You choose how much to contribute (max. amounts apply)

Paired with a high-deductible health plan

YOU RECEIVE A DOUBLE TAX ADVANTAGE
HDHP vs. TRADITIONAL PPO PLAN

**SIMILARITIES**

- Plans use the same network of doctors, specialists and hospitals
- Once the plan deductible has been met, you will receive a higher level of benefit by receiving services from in-network providers

**DIFFERENCES**

- Only the HDHP allows you to use a HSA to help pay for current and future qualified health care expenses
- The deductible for a HDHP applies to all services except Preventive Care Services and Preventive Medications
- The family deductible for a HDHP is cumulative, meaning if you cover a spouse or child(ren), you must meet the family deductible before your plan benefits kick in
Health Savings Accounts - HSA

• Like a Medical IRA
  • Owned by the Employee; Portable
• Tax-advantaged personal savings account
  • Employee contributions are tax-free and reduce taxable income*
• Use today or save for future and retirement health expenses
  • Unused money rolls over year-to-year
• PayFlex will administer your HSA account through convenient payroll deductions

* Taxable for California income tax
HSA CONTRIBUTION LIMITS

ELIGIBLE INDIVIDUALS AND TSRI CAN MAKE FINANCIAL CONTRIBUTIONS TO AN HSA.

<table>
<thead>
<tr>
<th>2018 Calendar Year Maximum Contribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3,450</td>
</tr>
<tr>
<td></td>
<td>(increased from $3,400)</td>
</tr>
<tr>
<td>Employee + dependents</td>
<td>$6,900</td>
</tr>
<tr>
<td></td>
<td>(increased from $6,750)</td>
</tr>
<tr>
<td>Additional “catch-up” if 55 or older</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

- The calendar year deductible is not pro-rated from the enrollment date like the fund is.
- **TSRI will now contribute** $1,000/year for Employee Only and $3,000/year for Employee + dependent(s). TSRI’s contribution will be made on a quarterly basis.
- Your and TSRI’s contributions count toward the annual contribution maximum

* Taxable for California income tax
HOW CAN YOU USE YOUR HSA FUNDS?

YOUR HSA FUNDS CAN BE USED FOR QUALIFIED HEALTHCARE EXPENSES

• Examples:
  – Unreimbursed qualified medical, dental and vision expenses
  – LASIK
  – Orthodontia
  – Prescriptions
  – Medical premiums for COBRA, and Medicare Parts B & D
  – Certain Long Term Care premiums

IRS PUBLICATION 502 PROVIDES A LIST OF THE ALLOWABLE EXPENSES
HOW CAN YOU USE YOUR HSA FUNDS? (cont’d)

• The HSA must be established and an initial deposit must be made before you incur expenses or use funds.

• Because you own the HSA, funds can be used even after you are no longer covered by an HSA-qualified plan.

• You and your qualified dependents may use the HSA funds.
HSA IRS ELIGIBILITY RULES

- HDHP PPO participants only
- Account holder cannot have dual health coverage such as HMO or PPO
- Account holder cannot be on Medicare, Tricare or prescription drug only plan
- Account holder cannot be claimed as a dependent on someone else’s tax return
- Account holder must be under 65 years of age
- Account holder cannot have a health care flexible spending account

** In order to have deductions from your paycheck, you must be earning a taxable paycheck from TSRI
WHY ENROLL IN THE HSA?

• **You Keep the Money:** When you leave the company or retire, you can take the money with you.

• **Build Savings:** You have the ability to grow a sizeable account over time.

• **Invest:** HSA vendors offer a wide array of investment options for you to invest and grow your savings tax-free.

• **Tax Savings:** Tax-free contributions and distributions (excludes state taxes in CA, AL, NJ).
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

EMPLOYEES WHO ARE INELIGIBLE FOR HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS BUT ARE ENROLLED IN THE AETNA HDHP CHOICE POS II PLAN WILL BE SET UP WITH A HEALTH REIMBURSEMENT ARRANGEMENT (HRA) THROUGH PAYFLEX.

How to Use Your Health Reimbursement Account

- Your employer makes tax-free contributions to your HRA
- Visit In-Network provider
- Use HRA debit card or turn in receipts for eligible expenses
- HRA funds will be used for payment or reimbursement
**HRA CONTRIBUTIONS**

**TSRI WILL CONTRIBUTE TOWARDS YOUR HRA FUND THROUGH PAYFLEX**

<table>
<thead>
<tr>
<th></th>
<th>Annual Contribution*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (Employee Only)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family (Employee + Dependents(s))</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

TSRI has selected PayFlex as the preferred administrator to handle the Health Reimbursement Arrangement.

- If you leave TSRI or you have a change in your eligibility, any remaining HRA funds will be forfeited unless you elect COBRA.
- Claims are paid from the HRA for you and your covered dependents only once the incurred expense is approved.
- Unused funds do rollover each year.
- Register at [www.PayFlex.com](http://www.PayFlex.com) to monitor your fund.

*TSRI contributions will be made on a quarterly basis.*
PRESCRIPTION COVERAGE
How to determine your Rx Copay

- The pharmacy administrator for the Comprehensive Choice POS II, HDHP Aetna Choice POS II, and Graduate Student Choice POS II plans continues to be OptumRx. The pharmacy administrator for the Anthem Select HMO plan will be Express Scripts.

- There are 3 tiers for prescription drugs
  - Generic - $10 copay
  - Formulary Brand - $35 copay
  - Non-formulary Brand - $60 copay

- Please call OptumRx (855) 395-2022 for more information on Comprehensive Choice POS II, HDHP Aetna Choice POS II, or Graduate Student Choice POS II Plans or visit www.optumrx.com/myCatamaranRx

- Please visit www.anthem.com/ca for more information on the Anthem Select HMO plan
Health Care Reform

The Covered California State Exchange open enrollment for obtaining your own medical coverage (where you may qualify for tax credits or subsidies to help pay for coverage) is November 1, 2017 – December 15, 2017.

**Individual Mandate:** Every U.S. citizen / legal resident must have Minimum Essential Coverage (MEC) or pay a tax penalty (exemptions, transitional relief and exceptions may apply)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Greater of 2.5% of AGI or $695 per adult per year</td>
</tr>
<tr>
<td>2017/2018</td>
<td>Increased by cost-of-living adjustment</td>
</tr>
</tbody>
</table>
To avoid the penalty, you are required to:

- Enroll in your or your spouse’s/DP’s employer’s medical coverage during open enrollment OR

- Be enrolled in State Exchange coverage (you may enroll during open enrollment or when you have a qualifying life event) OR

- Be enrolled in your own individual policy outside of the Exchange (any U.S. citizen / legal resident that has not obtained coverage already may be subject to a pro-rated penalty based on how long you are without health insurance)

**NOTE:** Since our medical plans meet the requirements of Health Care Reform, you and/or your dependents may not be eligible for government subsidies/tax credits through the State Exchange.
# OPTICAL PLAN

<table>
<thead>
<tr>
<th></th>
<th>MES Provider</th>
<th>Non-MES Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam / Materials Copay</strong></td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Every 12 Months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Covered in Full</td>
<td>$30 Allow ance</td>
</tr>
<tr>
<td>Bi-Focal</td>
<td>Covered in Full</td>
<td>$50 Allow ance</td>
</tr>
<tr>
<td>Tri-Focal</td>
<td>Covered in Full</td>
<td>$65 Allow ance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in Full</td>
<td>$125 Allow ance</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in Full</td>
<td>$250 Allow ance</td>
</tr>
<tr>
<td></td>
<td>Up to $100 Allow ance</td>
<td></td>
</tr>
<tr>
<td>Cosmetic or Convenience</td>
<td>Up to $40 Fitting Fee</td>
<td>Up to $100 Allow ance</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Every 24 Months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to $110 Retail Value</td>
<td>Up to $40 Retail Value</td>
</tr>
</tbody>
</table>
## DENTAL PPO PLAN

<table>
<thead>
<tr>
<th></th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>All other Dental Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year deductible</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Waived for Preventive Care</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Exams,</td>
<td>100%</td>
<td>80%</td>
<td>80% *</td>
</tr>
<tr>
<td>cleanings, X-rays, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>80%</td>
<td>80% *</td>
</tr>
<tr>
<td>Extractions, fillings,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>endodonics, periodontics (gum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment), etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
<td>50% *</td>
</tr>
<tr>
<td>Crow ns, bridges, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>To age 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>* Usual, Customary and Reasonable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2018 MONTHLY MEDICAL/VISION PREMIUMS

#### Comprehensive Choice POS II Plan

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 74</td>
<td>$ 606</td>
<td>$ 680</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 260</td>
<td>$ 1,100</td>
<td>$ 1,360</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 198</td>
<td>$ 938</td>
<td>$ 1,136</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 386</td>
<td>$ 1,431</td>
<td>$ 1,817</td>
</tr>
</tbody>
</table>

#### Select HMO Plan

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 49</td>
<td>$ 388</td>
<td>$ 437</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 252</td>
<td>$ 709</td>
<td>$ 961</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 181</td>
<td>$ 605</td>
<td>$ 786</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 387</td>
<td>$ 967</td>
<td>$ 1,354</td>
</tr>
</tbody>
</table>

#### HDHP Aetna Choice POS II

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 0</td>
<td>$ 573</td>
<td>$ 573</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 0</td>
<td>$ 1,228</td>
<td>$ 1,228</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 0</td>
<td>$ 1,069</td>
<td>$ 1,069</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 20</td>
<td>$ 1,533</td>
<td>$ 1,553</td>
</tr>
</tbody>
</table>

*Family coverage includes child(ren) and either your spouse or your domestic partner.
## 2018 MONTHLY DENTAL PLAN PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0</td>
<td>$39</td>
<td>$39</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$20</td>
<td>$58</td>
<td>$78</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14</td>
<td>$51</td>
<td>$65</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$32</td>
<td>$72</td>
<td>$104</td>
</tr>
</tbody>
</table>
BASIC LIFE AND AD&D BENEFIT*

- TSRI offers employees the choice of:
  1. $50,000 flat benefit amount, **OR**
  2. 2x your annual salary up to $1,500,000, **OR**
  3. 3x annual salary (on age-rated basis) up to $1,500,000

- You may elect 3x annual salary during this open enrollment

- Proof of good health is required if your total basic life coverage exceeds $1,000,000

*Please Be Sure to Update Your Beneficiary*

*Research Associates, Trainees, and Graduate Students are not eligible for the basic life plan*
VOLUNTARY LIFE INSURANCE

- **Employee:**
  - Increments of $10,000 up to $500,000
  - Premium Based on Employee Age
  - All enrollment (except new-hires) require Evidence of Insurability (EOI)
  - Guarantee issue up to $100,000 coverage for 1st time eligible

- **Dependent Benefits**
  - Spouse: Increments of $10,000 up to $500,000
    - Guarantee issue up to $50,000 coverage for 1st time eligible
  - Child(ren): Increments of $2,500, up to $10,000

- Application available through the online open enrollment system or on the Benefits Open Enrollment webpage
- Spouse may be enrolled regardless if you enroll yourself

*New enrollees under the Voluntary Life must complete a Prudential Beneficiary Form.*
VOLUNTARY AD&D INSURANCE

• Employee:
  • Increments of $50,000 up to $500,000
  • Provides 24-hours a day worldwide coverage

• Dependent Benefits
  • Family coverage is available in increments of $50,000 up to $500,000
  • All coverage is guaranteed issue.
  • Unmarried children can be covered until age 26

• Application available through the online open enrollment system or on the Benefits Open Enrollment webpage

New enrollees under the Voluntary AD&D must complete a Prudential Beneficiary Form.
VOLUNTARY LONG TERM CARE*

- Available to Staff, spouses, children (age 18+), parents and grandparents

- Guarantee Issue Coverage equals:
  - Up to $4,000 Nursing Facility Benefit Amount
  - And a Facility Benefit Duration of 3 or 6 years

- To elect higher levels of coverage or longer benefit durations, or to enroll in the plan after your initial eligibility period, you must provide Evidence of Insurability

- To enroll you must complete the Benefit Election Form available by contacting Benefits Administration at (858) 784-8487 or benefits@scripps.edu. Forms are also available on the Benefits website.

*Research Associates, Trainees, and Graduate Students are not eligible
FLEXIBLE SPENDING ACCOUNTS

- Pre-tax vs. after tax
  - Before Federal, State, and FICA taxes applied

- Plan year is January 1, 2018 through December 31, 2018

- Submit reimbursement requests directly on Tri-Ad’s portal at www.tri-ad.com
FLEXIBLE SPENDING ACCOUNTS

• Health Care Spending Accounts*:
  • $2,650 Annual Maximum Contribution (minimum is $120)
  • Out of pocket expenses for you, your spouse and your dependents
  • Does not include domestic partner

• Dependent Care Spending Account**:
  • $5,000 maximum per calendar year
  • $2,500 if married, filing separately
  • $5,000 maximum if married and filing jointly

* Research Associates, Trainees & Graduate Students are not eligible for Health Care Spending Account

** Research Associates, Trainees & Graduate Students may be eligible for Dependent Care Account based on pay status. Please see Human Resources for eligibility

*** If you are participating in the Health Savings Account (HSA), you are not eligible to participate in the Health Care Spending Account
EXAMPLES OF ELIGIBLE HEALTHCARE EXPENSES

- Deductibles, Copays, Rx Copays, Coinsurance
- Acupuncture and Chiropractic Care
- Dental Work (Crowns, Orthodontia)
- Eyewear
  - Prescription glasses & sunglasses
  - Contact lenses & solutions
  - Laser eye surgery
OVER THE COUNTER MEDICATIONS & SUPPLIES

Allergy medications
Aspirin, Tylenol, Aleve
Antacids
Bactine
Cold medicine
Cough drops
First Aid cream & ointments

Bandages
First Aid kits
Hot / cold packs
Blood pressure monitor
Pregnancy test kits
Reading glasses
Nicotine gum or patch

Expenses incurred for medicines or drugs must be provided by prescription in order to be covered by the health care spending account plan. Over-the-counter medications without a prescription will not be covered.
DEPENDENT CARE SPENDING ACCOUNT

• IRS Rules – Qualifying Dependents
  • Under the age of 13 or:
  • Physically or mentally incapable of self-care regardless of age

• Child or dependent must live with you

• Care inside or outside of your home, after school care & summer day camp

• Tax Credit versus Dependent Care Account
FLEXIBLE BENEFIT PLAN RULES

• Annual Open Enrollment
• Services received within the Plan Year
  • Additional Grace Period through March 15th for Health Care FSA
• No contribution changes unless an eligible status change:
  • Marriage / Divorce
  • Birth / Adoption
  • Death of a dependent
  • Spouse loss or gain of benefits
• Unused funds are forfeited, “use-it-or lose-it”
CLAIM REIMBURSEMENT

- Claims for expenses to TRI-AD
  - Online, mobile app, fax, or mail

- Request for reimbursement includes:
  - Request form
  - Proper documentation
  - PPO Services - Explanation of Benefits (EOB)
  - Other Services – itemized bill or receipt showing name of provider, name of patient, date of service, details of the service or product, cost of service or product
  - OTC items – cash register receipt and prescription
  - Orthodontia contract
ON-LINE ENROLLMENT

- Open enrollment begins October 23rd, and ends at 5:00 pm PST on November 3rd

- New elections must be made to continue in the Flexible Spending Accounts and Health Savings Account

- Current HMO members must re-elect your Primary Care Physician via the Open Enrollment system.

- To enroll in the Voluntary Life and Long Term Care complete Enrollment Forms and submit to Human Resources by November 3, 2017.
QUESTIONS